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<b>State:</b>	Arkansas	<b>Filing Company:</b>	National Life Insurance Company
<b>TOI/Sub-TOI:</b>	A10 Annuities - Other/A10.000 Annuities - Other		
<b>Product Name:</b>	Policy Change Endorsement		
<b>Project Name/Number:</b>	Policy Change Endorsement/ 20139(0812)		

## Filing at a Glance

Company:	National Life Insurance Company
Product Name:	Policy Change Endorsement
State:	Arkansas
TOI:	A10 Annuities - Other
Sub-TOI:	A10.000 Annuities - Other
Filing Type:	Form
Date Submitted:	12/04/2012
SERFF Tr Num:	NALF-128789853
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	20139(0812)
Implementation	On Approval
Date Requested:	
Author(s):	Junan Boldrey
Reviewer(s):	Linda Bird (primary)
Disposition Date:	12/10/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** A10 Annuities - Other/A10.000 Annuities - Other  
**Product Name:** Policy Change Endorsement  
**Project Name/Number:** Policy Change Endorsement/ 20139(0812)

**Filing Company:** National Life Insurance Company

## General Information

Project Name: Policy Change Endorsement

Project Number: 20139(0812)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Dionne Wills

Filing Description:

Policy Change Endorsement Form No. 20139(0812)

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This form is pending approval in domicile.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 12/10/2012

State Status Changed: 12/10/2012

Created By: Dionne Wills

Corresponding Filing Tracking Number:

Submission: Submitted for your review is a copy of the above referenced form. This is a new form and has not been previously submitted to your department.

Readability Statistics: The form has a Flesch Readability Score of 58.3.

Description: The form is an endorsement that will effect policy changes that have been requested by the owner. This endorsement may be used with any annuity policy form issued by National Life Insurance Company.

Statement of Variability. A Statement of Variability disclosing the form's elements that are bracketed is enclosed.

## Company and Contact

### Filing Contact Information

Junan Boldrey, Manager, Policy Filings, jboldrey@nationallife.com

Retirement Division

15455 North Dallas Parkway

800-543-3794 [Phone] 9316 [Ext]

Suite 800

214-638-9196 [FAX]

Addison, TX 75001

### Filing Company Information

National Life Insurance Company

CoCode: 66680

State of Domicile: Vermont

One National Life Drive

Group Code: 634

Company Type:

Montpelier, VT 05604

Group Name:

State ID Number:

(802) 229-3333 ext. [Phone]

FEIN Number: 03-0144090

## Filing Fees

Fee Required?

Yes

Fee Amount:

\$50.00

Retaliatory?

Yes

Fee Explanation:

Domicile filing fee is \$50.00.

SERFF Tracking #: NALF-128789853

State Tracking #:

Company Tracking #: 20139(0812)

State: Arkansas

Filing Company: National Life Insurance Company

TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other

Product Name: Policy Change Endorsement

Project Name/Number: Policy Change Endorsement/ 20139(0812)

Per Company: No

Company	Amount	Date Processed	Transaction #
National Life Insurance Company	\$50.00	12/04/2012	65430675

<b>SERFF Tracking #:</b>	NALF-128789853	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	20139(0812)
<b>State:</b>	Arkansas	<b>Filing Company:</b>	National Life Insurance Company		
<b>TOI/Sub-TOI:</b>	A10 Annuities - Other/A10.000 Annuities - Other				
<b>Product Name:</b>	Policy Change Endorsement				
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/10/2012	12/10/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	National Life Insurance Company
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## Disposition

Disposition Date: 12/10/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third party authorization		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Certificate of Compliance		Yes
Form	Policy Change Endorsement		Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	National Life Insurance Company
<b>TOI/Sub-TOI:</b>	A10 Annuities - Other/A10.000 Annuities - Other		
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## Form Schedule

Lead Form Number: 20139(0812)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy Change Endorsement	20139(0812 )	POLA	Initial		58.300	20139(0812).pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

## Policy Change Endorsement

National Life Insurance Company • [Montpelier, Vermont 05604]  
[www.NationalLifeGroup.com] • [Customer Relations 800-732-8939]

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Policy Number:	[123456X]
Annuitant:	[John Doe]
Owner:	[John Doe]
Effective Date of Change:	[August 08, 2012]

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This Endorsement is attached to and made a part of the Policy.

[This Policy was changed from a 403(b) Tax Sheltered Annuity to a Traditional IRA.]

Signed for National Life Insurance Company by

A handwritten signature in black ink, reading "Kerry A. Jung", is enclosed within a red rectangular box.

Secretary

<b>State:</b>	Arkansas	<b>Filing Company:</b>	National Life Insurance Company
<b>TOI/Sub-TOI:</b>	A10 Annuities - Other/A10.000 Annuities - Other		
<b>Product Name:</b>	Policy Change Endorsement		
<b>Project Name/Number:</b>	Policy Change Endorsement/ 20139(0812)		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
20139(0812) AR Read Cert.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Third party authorization		
Comments:			
Attachment(s):			
2012 Designated Representatives.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
20139(0812) SOV.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certificate of Compliance		
Comments:			
Attachment(s):			
20139(0812) AR Certification of Compliance.pdf			



**STATE OF ARKANSAS**  
**DEPARTMENT OF INSURANCE**  
**READABILITY CERTIFICATION**

Arkansas Rule ACA 23-80-206

**Company Name** National Life Insurance Company      **NAIC #** 66680,

hereby certifies that the following form(s) achieve a Flesch reading ease test score of:


**FORM NUMBER**

20139(0812)

**FLESCH SCORE**

58.3

**Carl Lutz**

 Digitally signed by Carl Lutz  
DN: cn=Carl Lutz, c=US, o=Life Insurance Company of the  
Southwest, ou=Actuarial, email=clutz@nationallife.com  
Date: 2012.12.03 09:06:33 -06'00'

\_\_\_\_\_  
Signature

Carl J. Lutz, Vice President

December 3, 2012  
Date



National Life  
Group®

October 3, 2012

To Whom It May Concern:

This letter is to authorize the following Life Insurance Company of the Southwest employees as Designated Representatives of National Life Insurance Company to author documents, submit and respond to product filings on its behalf:

Daniel R. Adams, ASA, MAAA  
Assistant Actuary – Product Development of Life Insurance Company of the Southwest  
[dadams@nationallife.com](mailto:dadams@nationallife.com)  
(214)638-9200

Michelle R. Beilharz, ASA, MAAA  
Assistant Actuary – Product Development of Life Insurance Company of the Southwest  
[mbeilharz@nationallife.com](mailto:mbeilharz@nationallife.com)  
(214)638-9218

Geoff Bird, FSA, MAAA  
Vice President – Product Development of Life Insurance Company of the Southwest  
[gbird@nationallife.com](mailto:gbird@nationallife.com)  
(214)638-9357

Junan Boldrey  
Manager, Policy Filing – Product Development of Life Insurance Company of the Southwest  
[jboldrey@nationallife.com](mailto:jboldrey@nationallife.com)  
(214)638-9316

Michael C. Ward, FSA, MAAA  
Vice President – Product Development of Life Insurance Company of the Southwest  
[mward@nationallife.com](mailto:mward@nationallife.com)  
(214)638-9129

Dionne Wills  
Policy Filing Coordinator – Product Development of Life Insurance Company of the Southwest  
[dwills@nationallife.com](mailto:dwills@nationallife.com)  
(214)638-9213

The Designated Representatives may be contacted at their email addresses and direct phone numbers listed above or by mail, toll-free telephone, or fax as follows:

Life Insurance Company of the Southwest  
15455 N. Dallas Parkway, Ste. 800  
Addison, TX 75001  
Phone: (800)543-3794  
Fax: (214)638-9196

National Life Insurance Company thanks you for your consideration in this matter.

Sincerely,

Carl J. Lutz  
Vice President  
National Life Insurance Company

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | [www.NationalLifeGroup.com](http://www.NationalLifeGroup.com)  
P: 214-638-9196 | F: 214-638-9178 | [clutz@nationallife.com](mailto:clutz@nationallife.com)

Experience Life®

## 20139(0812) - Statement of Variability

Variables for the website address, phone number, and company city and zip code – these items are subject to change.

Variables for the officer title and signature – signature of the officer currently holding that title. In the event the title of an officer signing the policy form changes, any new title utilized will be the title of an officer of the company.

Variable for the Policy Number is assigned by Life Insurance Company of the Southwest when the policy is issued.

Variable for the Annuitant is the Annuitant as of the Effective Date of Change.

Variable for the Owner is the Owner as of the Effective Date of Change

Variable for the Effective Date of Change is the date when the change is effective.

Variable for the policy change language would be for any changes allowed by the policy including but not limited to:

- Beneficiary changes
- Ownership changes
- Payment frequency changes
- Address change
- Legal name change
- Stop making planned periodic premium payments
- Resume making planned periodic premium payments
- Tax qualification type changes

# ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELF CERT



I, Carl Lutz, FSA, MAAA  
(Name)

Vice President of  
(Title of Authorized Officer)

National Life Insurance Company  
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate

corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ► Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number 20139(0812)

Signature of Authorized Officer ► **Carl Lutz**

Digitally signed by Carl Lutz  
DN: cn=Carl Lutz, o=US, ou=Life Insurance Company of the  
Southwest, ou=Actuarial, email=clutz@nationallife.com  
Date: 2012.12.04 11:02:17 -0600

Name of Authorized Officer ► Carl Lutz

Title of Authorized Officer ► Vice President

Email address of Authorized Officer ► clutz@nationallife.com

Telephone # of Authorized Officer ► 214-638-9178

Date: 12/04/2012

*This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@arkansas.gov](mailto:information.pnc@arkansas.gov)*

AID PC SelfCert (4/30/03)